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CONFIRMATION NO. 2779

<b>SERIAL NUMBER</b> 10/811,875	<b>FILING OR 371(c) DATE</b> 03/30/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> 69273-0009 DIV
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**APPLICANTS**  
 Elliott Farber, North Mankato, MN; *KDC*

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a DIV of 09/758,781 01/11/2001 PAT 6,864,274 which is a CIP of 09/570,266 *KDC*  
 05/12/2000 PAT 6,329,413  
 which is a CIP of 09/360,095 07/23/1999 PAT 6,281,236 *KDC*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 06/08/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>KDC</i> Initials	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> 1
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**ADDRESS**  
24633 *KDC* *KDC*

**TITLE**  
Allantoin-containing skin cream

<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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